

STUDENT SIGN IN/OUT FORM

NAME: _____ **Pay Period:** _____

WEEK 1

Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Total Weekly Hours
DATE		DATE		DATE		DATE		DATE		DATE		DATE		
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		

WEEK 2

Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Total Weekly Hours
DATE		DATE		DATE		DATE		DATE		DATE		DATE		
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		TOTAL DAILY HOURS		

This form must be completed by all participants in the Federal Work Study and Student Assistant Programs who are submitting a timesheet. It should be completed in its entirety and stapled to the corresponding timesheet. Completion of this form is required by the University System of Georgia's Board of Regents. Questions regarding this form should be directed to the Financial Aid Office at 706-737-1431.

**Total Hours for
Pay Period:** _____

Student's Signature		Supervisor's Signature	
Date		Date	